



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Division of Food and Drugs
 305 South Street, Jamaica Plain, MA 02130-3597
 (617) 983-6712 (617) 524-8062 - Fax

Office Use Only: License Number: _____ Date Issued: _____	<i>Application for Licensure for the Manufacture and Sale of Stuffed Toys in Accordance with M.G.L. C.94, §§ 271 and 275 as amended by C. 514 of the Acts of 1965 and/or 105 CMR 620.000</i>	Office Use Only: Approved By: _____ Date Approved: _____
<ul style="list-style-type: none"> DIRECTIONS: Complete the entire two page application form. Submit a separate application for each facility and location to be licensed. Attach Law Label or "Mock Label" to the application. Attach a separate check for \$300.00 for each license application, made payable to: COMMONWEALTH OF MASSACHUSETTS. 		
1. Company Name: _____		2. Telephone #: _____ () Fax #: ()
3. D.B.A. (Doing Business As): _____		Current Massachusetts License # (if applicable): _____
4. Mailing Address: _____		
5. Facility Address (if different from Mailing Address): _____		6. Telephone #: _____ () Fax #: ()
7. Responsible Contact Person: _____	8. Twenty-four (24) Hour Emergency Telephone #: () Email Address: _____	
9. Type of License for which you are applying: Manufacturer <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Supply Dealer <input type="checkbox"/>		
10a. Uniform Registry Number: _____		10b. State of Issuance: _____
Ownership	Name	Address
11. Individual	_____	_____ _____
12. Partnership	A. _____	A. _____
	B. _____	B. _____

(Over)

Ownership	Name	Address
13. Corporation:		
A) President	A. _____	A. _____
B) Treasurer	B. _____	B. _____
C) Clerk	C. _____	C. _____
14. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation:
15. Are you a manufacturer who either by yourself or through your employees or agent, manufactures stuffed toys to be sold at wholesale or retail? Yes <input type="checkbox"/> No <input type="checkbox"/>		
16. Are you a wholesaler who either by yourself or through your employees or agent, sells stuffed toys at wholesale? Yes <input type="checkbox"/> No <input type="checkbox"/>		
17. Are you a supply dealer who either by yourself or agent manufactures, processes or sells at wholesale any filling material loose, in bags or containers, concealed or not concealed, to be used or which can be used in the manufacture of stuffed toys? Yes <input type="checkbox"/> No <input type="checkbox"/>		
18. What are the names of all stuffed toys that will be distributed in Massachusetts?		
19. Do you manufacture these stuffed toys at the address listed on page 1? If not, list the names and addresses of the stuffed toy manufacturers: Yes <input type="checkbox"/> No <input type="checkbox"/>		
20. Are these manufacturers licensed in Massachusetts? Yes <input type="checkbox"/> No <input type="checkbox"/>		

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Date Owner or Corporate Officer

If applying as an Individual, your Social Security #: _____

Tax or Federal I.D.#: _____

IMPORTANT NOTE: This annual license expires on June 30 regardless of date of issue.

NOTE: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Fall River (508-646-1374) or Springfield (413-784-1376).